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PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with application, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

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HARNES DICKY & PIERCE PLC
PO BOX 828
BLOOMFIELD HILLS MI 48303

QM02/1009

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/639,004	08/15/00	025	VRABLIK, J	3748 10/09/01
First Named Applicant	PEREVOZCHIKOV,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION SCROLL MACHINE WITH PORTED ORBITING SCROLL MEMBER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	0315000496	417-440.000	N24 UTILITY	NO	\$1240.00	01/09/02

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Harness, Dickey &2. Pierce, P.L.C.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type). PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Copeland Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Sidney, Ohio

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☐ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The fee should be paid by the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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01/17/2002 00000077 080750 1240.00 40.00 CH 01 FEB 142